ANTHONY ESPOSITO
(Name)
P.O. BOX 931
(Address)
IMPERIAL, CA. 92251
(City, State, Zip)
D-94335
(CDC Inmate No.)

2354 1983 ✓
FILING FEE PAID
Yes ___ No ✓
IFP MOTION FILED
Yes ___ No ✓
COPIES SENT TO
Court ✓ ProSe ___

FILED
APR 2 3 2008
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY ___ DEPUTY

United States District Court
Southern District of California

ANTHONY ESPOSITO,
(Enter full name of plaintiff in this action.)

Plaintiff,

v.

D. KHATRI, M.D.,
C. COOK, AGPA,
DR. AYMAR,
T.H. CALVIN, JR., M.D.,
(Enter full name of each defendant in this action.)

Defendant(s).

'08 CV 0742 H WMc
Civil Case No. ___
(To be supplied by Court Clerk)

Complaint Under the Civil Rights Act 42 U.S.C. § 1983

A. Jurisdiction

Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional authority, list them below.

___

B. Parties

1. Plaintiff: This complaint alleges that the civil rights of Plaintiff, Anthony Esposito (print Plaintiff's name) ___, who presently resides at Centinela State Prison, (mailing address or place of confinement) P.O. BOX 931, Imperial, CA. 92251, were violated by the actions of the below named individuals. The actions were directed against Plaintiff at Centinela State Prison (institution/place where violation occurred) on (dates) 11/2/06 (Count 1) Thru 2/07/2008 (Count 2), and Present (Count 3).

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant D. Khatri, M.D. resides in Centinela State Prison (CSP)
(name) (County of residence)
and is employed as a Chief Physican. This defendant is sued in
(defendant's position/title (if any))
his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: As Chief Physican of CSP, this defendant has an affirmative duty to assure that Plaintiff's Medical needs are acted upon. However, the omissions (deprivation of Medical Care) are "sufficiently harmful and Plaintiff is continueing to have severe chronic Cervical and Lumbar pain;" which has subjected him to "wanton" deprivations of his Medical needs, by this defendant; violating Plaintiff's right protected by Federal law. (Eighth Amendment).

Defendant C. Cook, AGPA resides in Centinela State Prison (CSP)
(name) (County of residence)
and is employed as a Medical Appeals Analyst. This defendant is sued in
(defendant's position/title (if any))
his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: As Medical Appeals Analyst of CSP, this defendant has an affirmative duty to assure that Plaintiff's Medical needs, which are appealed and substantiated, are acted upon. However, the admitted omissions (deprivation of Physical therapy/Medical Care) are "sufficiently harmful and Plaintiff is continuing to have sever chronic Cervical and Lumbar pain; and is subjected to "wanton" deprivations of his Medical needs, which have been admitted to by this defendant, violating Plaintiff's right protected by Federal Law. (Eighth Amendment)

Defendant Dr. Aymar resides in Centinela State Prison (CSP)
(name) (County of residence)
and is employed as a Medical Physican (CSP). This defendant is sued in
(defendant's position/title (if any))
his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: As assessing and follow-up Medical Physican of CSP, this defendant has an affirmative duty to assure that Plaintiff's Medical needs, which have been assessed and followed-up on, are acted upon. However, her admitted omissions (deprivations of Physical Therapy, C-Spine Facet Blocks, Epidural injections/Medical Care) are "sufficiently harmful and Plaintiff is continuing to have severe chronic Cervical and Lumbar pain; and subjected to "wanton" deprivations of his Medical needs, which have been admitted to by this defendant; violating Plaintiff's Eighth Amendment Federal right.

Defendant Travis H. Calvin, Jr., M.D. resides in 1505 W. Ross El Centro, CA 92243,
(name) (County of residence)
and is employed as a Outside Contracted Neurologist for CSP. This defendant is sued in
(defendant's position/title (if any))
his/her ☒ individual ☒ official capacity. (Check one or both.) Explain how this defendant was acting

under color of law: As Outside Contracted Neurologist of CSP, this defendant has an affirmative duty to assure that Plaintiff's Medical needs, which were/are contracted to his Medical Group, are acted upon. However, the omissions (deprivations of known and needed C-Spine Stenosis and C-Spine Facet/ Medical Care) are "sufficiently harmful and Plaintiff is continuing to have severe chronic Cervical and Lumbar pain; and is subjected to "wanton" deprivations of his Medical needs, which have been contracted to, and recommended by this defendant; violating Plaintiff's right protected by Federal Law. (Eighth Amendment).

C. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary.)

Count 1: The following civil right has been violated: **The Objective and Subjective right to Medical Care, and Freedom from Cruel and Unusual Punishment, under the Eighth Amendment, Federal Law.** (E.g., right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

Supporting Facts: [Include all facts you consider important to Count 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, *by name*, did to violate the right alleged in Count 1.]

1. On Febuary 7, 2008, the Director's Level Appeal Decison was finally returned to Plaintiff, and was denied; exhausting the administrative remedy,available to him within the Department of Corrections and Rehabilitation **(CDCR). (See Ex. A at 1-2).**

2. On November 2, 2006, due to Plaintiff's severe pain, a Radiologist **(Joy Mason-Johnson, M.D., Inc)** performed an examination of Plaintiff's chest, and observed **"mild degenerative changes of the dorsal spine." (See Ex. A at 37).**

3. On December 3, 2006, Dr. Thornton **(ordering physican)** requested that Plainff receive an **MRI** of the Cervical Spine; and the **MRI** was performed on December 26, 2006. Hence, **"Spinal Stenosis noted throughout the bulk of the Spine region." (See Ex. A at 33-36).**

4. On Febuary 9, 2007, an **"abnormal MRI of Plaintiff's C-Spine"** was written, seen as **ASAP,** and signed by **D. Khatri, M.D. "(PCP)",** on May 10, 2007.

5. On March 15, 2007, and May 4, 2007, **D. Khatri, M.D.,** recommended Plaintiff for a Neurosurgery Consultation; and Spinal Stenosis Cervical Spine. **(See Ex. A at 30-31).**

6. On May 10, 2007, Plaintiff's Clinical Status had become worse, and he should have seen a **Physical Therapy Specialist** within 30 days of May 27, 2007, and June 20, 2007; as per **Dr. S. Aymar's stamp. (See Ex. A. at 28-29).**

7. On July 5, 2007, and July 25, 2007, **Dr. D. Khatri, M.D.,** made more recommendations for Plaintiff to undergo **Neurosurgery F/U,**

C-Spine Spinal Stenosis, with Dr. Calvin, M.D... (See Ex. A at 26-27).

8. On July 20, 2007, **C. Cook, CEN/AGPA** is on record making excuses for why the Medical Department of Centinela State Prison, has not performed the badly needed, long overdue, and Medically Ordered **Physical therapy**, dated 5/10/07, on Plaintiff. **(See Ex. A at (Informal Level 602 Appeal Response) 3-4)**

9. On August 2, 2007, **Travis H. Calvin Jr., M.D.**, sent Dr. Thornton a five (5) page discussion and recommendation, to help with Plaintiff's **severe lumbar and chronic cervical pain. (See Ex. A at 19-25).**

10. On September 11, 2007, **C. Cook, AGPA, and Dr. D. Khatri, M.D., Chief Physician Centinela State Prison,** are now both on record **(First Level Response 602 Appeal)** stating the recommmendation of an outside **Neurologist, Dr. Calvin,** on 8/2/07; concerning Plaintiff's need of **C-Spine Facet Blocks.** However, also noteing that, **"physical therapy services continue to be at a standstill; with health care administration aware of the issue." (See Ex. A at 5)**

Additionaly, in the month of September 2007, **Dr. Aymar** is also on record knowing of and acknowledging that the **"C-Spine Fact Blocks are worse." (See Ex. A at 17-18.** Plaintiff is/was outraged to find that he had been billed on, 09/30/07, for a **"so called" Physical Therapy. (See Ex. A at 15-16).**

11. On October 29, 2007, **C. Cook,AGPA,** and L. Calderon, AW-Health Care Manager (A)(HCS), are now both on record, **(Second Level 602 Appeal Response)** stating that a review of Plaintiff's, **"health record reveals you have received physical therapy services on 10/06/07 and 10/24/07 for self exercise program instruction." (See Ex.**

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STD. 113 (REV. 3-95)
OSP 98 10924

A at 6-8). However, AGPA Cook's, and AW-HCS Calderon's Response, is "Belied" by the fact that Plaintiff never received **Physical** Therapy, on 10/06/07 nor 10/24/07; in that, CSP Medical Staff still dose not have the equipment to perform the badly needed Physical Therapy. (See Ex. A at 9).

12. On October 11, 2007, an appointment was made for Plaintiff, by Dr. Khatri, to Dr. Calvin, for Neurosurgery evaluation. And, on October 25, 2007, Dr. Calvin documented Plaintiff's MRI Scan. (See Ex. A at 13-14).

13. In the Month of December 2007, Dr. Khatri made appointments for Plaintiff, concerning (surgery) "Epidural Injection." (See Ex. A at 10-12).

14. IT MUST BE NOTED: Plaintiff has never refused any medical treatment; (i.e., "cervical spine facet blocks recommended by Dr. Calvin (See Ex. A at 1"III A. Findings")) nor has Plaintiff been given the recommended Epidural Injections. Plaintiff has been given many recommendations, but no treatment; nor has Plaintiff signed anything refusing treatment.

DATED: APRIL 20, 2008

ANTHONY ESPOSITO
D-94335/D2-237
CENTINELA STATE PRISON
P.O. BOX 931
IMPERIAL, CA. 92251

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STD. 113 (REV. 3-95)
OSP 98 10924

MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF 42 U.S.C. 1983

A plaintiff can state a § 1983 claim based on Eighth Amendment violations by alleging facts showing that Prison Officials acted with Deliberate Indifference to a serious medical need; as in the instant case.

The Eighth Amendment Probibition of **"cruel and unusual punishment"** prosribes treatment of prisoners and prison conditions **"which are incompatible with 'the evolving standards of decency that mark the progress of a maturing society'... or ... 'involve the unnecessary and wanton infliction of pain.'" Estelle v. Gamble, 429 U.S. 97, 102-03 (1976) (quoting Trop v. Dulles, 356 U.S. 86, 101 (1958) and Gregg v. Georgia, 428 U.S. 153, 173 (1976)(joint opinion of Stewart, Powell and Stevens, JJ.); see also Helling v. McKinney, 509 U.S. 25, 32 (1993).** State Prison Officials who are responsible for violating a prisoner's Eighth Amendment rights are subject to liability under **42 U.S.C. § 1983 ("§1983"). Leer v. Murphy, 844 F.2d 628, 633 (9th Cir.1988).** In the area of medical care for prisoners, prison officals, inculding physicians, violate the Eighth Amendment when their acts or omissions are **"sufficiently harmful to evidence deliberate indifference to serious medical needs." Estelle , U.S. at 106.**

Thus, a vaild cause of action against prison authorities is stated by alleging **(1) serious medical need and (2) deliberate indifference on the part of the officials and doctors, as in stated in the instant case.** The First is an objective, sufficiently serious harm. **Farmer v. Brennan, 511 U.S. 825, 834 (1994); Clement v. Gomez, 298 F.3d 898, 904 (9th Cir.2002).** It is satisfied where **"the failure to treat a prisoner's condition could result in further**

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STD. 113 (REV. 3-95)
OSP 98 10924

significant injury or the 'unnecessary and wanton infliction of pain."' McGuckin, 974 F.2d at 1059 (quoting Estelle, 429 U.S. at 104). Indications of serious need include "[t]he existence of an injury that a reasonable doctor or patient would find important and worthy of comment or treatment; the presence of a medical condition that significantly affects an individual's daily activities; or the existence of chronic and substantial pain...." McGuckin, 974 F.2d at 1059-60; see also Wood v. Housewright, 900 F.2d 1332, 1337-41 (9th Cir.1990); Hunt v. Dental Dep't, 865 F.2d 198, 200-01 (9th Cir 1989).

The Second element is subjective, i.e., whether the official had a culpable state of mind. The element is satisfied where an official "knows of and disregards an excessive risk to inmate health or safety; the official must both be aware of the facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inferance." Farmer, 511 U.S. at 837. "the requirement of deliberate indifference is less stringent in cases involving a prisoner's medical needs than in other cases involving harm to incarcerated individuals because 'the state's responsibilty to provide inmates with medical care ordinarily does not conflict with competing administrative concerns." McGuckin, 974 F.2d at 1060 (quoting Hodson v. McMillian, 503 U.S. 1, 6 (1992)). The indifference can be "manifested by prison doctors in their response to the prisoner's needs or by prison guards in intentionally denying or delaying access to maedical care or intentionally interfering with the treatment once prescribed. regardless of how evidenced, deliberate indifference to a prisoner's serious illness or injury states a cause of action under § 1983." Estelle,

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429 U.S. at 104-05 (footnotes omitted).

Allegations that have satisfactorily demonstrated deliberate indifference (as shown in points 1-14 herein) to serious medical need include delaying dental treatment for three months (Hunt, 865 F.2d at 200-01); ignoring repeated recommendations for surgery (as in the instant case) (Shapley v. Nevada Bd. Of State Prison Comm'rs, 766 F.2d 404, 408 (9th Cir.1985) (per curiam)); denying showers and medical attention for four hours following incidental exposure to papper spray (Clement, 298 F.3d at 904-05); and failing to provide a special, prescribed diet (Lopez v. Smith, 203 F.3d 1122, 1132 (9th Cir.2000) (en banc)).

CONCLUSION

For the reasons set forth above, Plaintiff's prayerful request are made known on the next page.

DATED: APRIL 20, 2008

Anthony Esposito

ANTHONY ESPOSITO
D-94335/D2-237
CENTINELA STATE PRISON
P.O. BOX 931
IMPERIAL, CA. 92251

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OSP 98 10924

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction preventing defendant(s): ______________________________

____

____

____.

2. Damages in the sum of $ 150,000 .
3. Punitive damages in the sum of $ 350,000 .
4. Other: ______________________________

____.

F. Demand for Jury Trial

Plaintiff demands a trial by ☒ Jury ☐ Court. (Choose one.)

G. Consent to Magistrate Judge Jurisdiction

In order to insure the just, speedy and inexpensive determination of Section 1983 Prisoner cases filed in this district, the Court has adopted a case assignment involving direct assignment of these cases to magistrate judges to conduct all proceedings including jury or bench trial and the entry of final judgment on consent of all the parties under 28 U.S.C. § 636(c), thus waiving the right to proceed before a district judge. The parties are free to withhold consent without adverse substantive consequences.

The Court encourages parties to utilize this efficient and expeditious program for case resolution due to the trial judge quality of the magistrate judges and to maximize access to the court system in a district where the criminal case loads severely limits the availability of the district judges for trial of civil cases. Consent to a magistrate judge will likely result in an earlier trial date. If you request that a district judge be designated to decide dispositive motions and try your case, a magistrate judge will nevertheless hear and decide all non-dispositive motions and will hear and issue a recommendation to the district judge as to all dispositive motions.

You may consent to have a magistrate judge conduct any and all further proceedings in this case, including trial, and the entry of final judgment by indicating your consent below.

Choose only one of the following:

☒ Plaintiff consents to magistrate judge jurisdiction as set forth above.

OR

☐ Plaintiff requests that a district judge be designated to decide dispositive matters and trial in this case.

APRIL 20, 2008
Date

Anthony Esposito
Signature of Plaintiff

VERIFICATION

STATE OF CALIFORNIA) **COMPLAINT UNDER THE CIVIL RIGHTS ACT**
) **42 U.S.C. § 1983 WITH MEMORANDUM OF**
COUNTY OF IMPERIAL) **POINTS AND AUTHORITIES IN SUPPORT**

(C.C.P. SEC. 446 & 2015.5; 28 U.S.C. sec 1746)

I, **ANTHONY ESPOSITO** declare under penalty of perjury that: I am the **Plaintiff** in the above-entitled action; I have read the foregoing documents and know the contents thereof; and the same is true of my own knowledge except as to matters stated therein upon information and belief, and as to those matters, I believe they are true.

Executed this **20th** day of **APRIL**, 20 **08**, at Centinela State Prison, P.O. Box **931**, Imperial, Ca. 92251.

[Signature] Anthony Esposito
DECLARANT/PRISONER

****

PROOF OF SERVICE BY MAIL

(C.C.P. sec. 1013(a) & 2015.5; 28 U.S.C. sec 1746.)

I **ANTHONY ESPOSITO**, am a resident of Centinela State Prison, in the County of Imperial, State of California; I am over the age of eighteen (18) years and am **not** a party of the above-entitled action. My state prison address is: **P.O. BOX 931**, Imperial, Ca. 92251.

On **APRIL**, 20 **08**, I served the foregoing:

COMPLAINT UNDER THE CIVIL RIGHTS ACT 42 U.S.C. § 1983, WITH MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT (AND EXHIBIT A CONSISTING OF 37 pages)

(Set forth the exact title of document(s) served.)

on the party(s) herein by placing a true copy(s) thereof, enclosed in a sealed envelope(s), with postage thereon fully paid, in the United States Mail, in a deposit box so provided at Centinela State Prison, P.O. Box **931**, Imperial, Ca. 92251, addressed as follows:

UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT FEDERAL OFFICE
880 FRONT STREET, STE 4290
SAN DIEGO, CA 92101-8900

There is delivery service by United states Mail at the so addressed, and/or there is regular communication by mail between the place of mailing and the place so addressed. I declare under penalty of perjury that the foregoing is true and correct.

DATED: **APRIL**, 20 **08**

Anthony Esposito
DECLARANT/PRISONER

EXHIBIT COVER PAGE:

A

Exhibit

Description of this Exhibit:

DIRECTOR'S LEVEL APPEAL DECISON, AND DEPARTMENT OF CORRECTIONS HEALTH CARE SERVICES REQUEST AND AUTHORIZATIONS

Number of pages to this Exhibit: 37 pages.

JURISDICTION:

- [ ] Municipal Court
- [ ] Superior Court
- [ ] Appellate Court
- [ ] State Supreme Court
- [xxx] United States District Court
- [ ] State Circuit Court
- [ ] United States Surpeme Court
- [ ] Grand Jury

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: FEB 0 7 2008

In re: Anthony Esposito, D94335
Centinela State Prison
P.O. Box 731
Imperial, CA 92251-0731

IAB Case No.: 0713807 Local Log No.: CEN-07-00850

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner J. Robinson, Supervising Registered Nurse II. All submitted documentation and supporting arguments of the parties have been considered.

I **APPELLANT'S ARGUMENT:** It is the appellant's position that the off-site neurosurgeon ordered the appellant to be treated with physical therapy. The appellant alleges the Centinela State Prison (CEN) medical department has denied the appellant treatment. The appellant complains of persistent severe pain. The appellant requests to be treated with physical therapy and to reserve the right to request punitive damages depending on the outcome of this appeal. The appellant denies receiving physical therapy on October 6, 2007 and October 24, 2007

II **SECOND LEVEL'S DECISION:** The reviewer found that the appeal was granted at the Second Level of Review by L. Calderon, Health Care Manager (A). Review of the Unit Health Record (UHR) indicates the appellant has received physical therapy services for a self exercise program, on October 6, 2007 and October 24, 2007. The appellant had a follow-up consultation with Dr. Calvin (Neurologist) on August 2, 2007. The neurologist recommended spinal facet blocks and instructed the appellant to discontinue heavy workouts. Dr. Aymar generated a request for a current magnetic resonance imaging (MRI) of the appellant's spine. Dr. Aymar reinforced the instructions to limit exercise to walking

III **DIRECTOR'S LEVEL DECISION:** Appeal is denied.

A. **FINDINGS:** Information and documentation in the UHR and provided by C. Cook, Health Care Appeals Coordinator, indicates the appellant received Physical Therapy services on October 6, 2007 and October 24, 2007. The appellant refused cervical spine facet blocks recommended by Dr. Calvin, Neurologist on October 13, 2007 and October 24, 2007. The appellant had a MRI on October 16, 2007 and received a follow-up visit with Dr. Aymar. Medical staff instructed the appellant to limit exercises to walking. The appellant was referred to the neurosurgeon for epidural injections; the appointment is pending and will be scheduled chronologically. The health care staff is monitoring the appellant's condition and does not recommend physical therapy or strenuous exercises. Based upon the information and documentation provided, there is no compelling evidence to require intervention or modification at the Director's Level of Review.

B. **BASIS FOR THE DECISION:**
California Code of Regulations, Title 15, Section: 3350, 3350.1, 3350.2, 3354

C. **ORDER:** No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR. If dissatisfied, the appellant may forward this issue to the California Victims Compensation and Government Claims Board, (formerly known as the State Board of Control), Government Claims Unit, P.O. Box 3035, Sacramento, CA 95812-3035, for further review.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, CEN
Health Care Manager, CEN
Appeals Coordinator, CEN
Medical Appeals Analyst, CEN

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS

RECEIVED NOV - 9 2007 INMATE APPEALS BRANCH

07-4522

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region 1. CEN-D 2.

Log No. 1. CEN-D-07-00850 2.

Category 1. 8

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Esposito, Anthony	D-94335	Vocational Auto Body.	D-2-237

A. Describe Problem: This is a citizen Complaint against "Centinela Medical Department and Medical Board" pursuant to P.C. 832.5 in regards to Medical treatment. This is an ongoing problem of a medical condition which violated, but not limited to California code of regulations CCR15 §§3350.(1)(4)(5); 3354(e)(1). P.C. 2600, 2601 which all support violation of th Eighth and Fourteenth Amendment, and all substantiate reckless & callous indifference. Denied to proper and medical treatment. Appellant continue suffering because of the lack of medical treatment denied by the Medical Department and Medical Board here at Centinela. Because of

If you need more space, attach one additional sheet. (see Attached Sheet)

B. Action Requested: Appellant respectfully request to Centinela Medical Board to allow the appellant to be treated with physical therapy according to the outside specialist Neuro Surgeon, and D-Yard doctor's orders. Also Appellant reserve the right to request punitive damage and pain suffering depending on the direct outcome of this appeal.

Inmate/Parolee Signature: x Anthony Esposito Date Submitted: x 7-10-07

C. INFORMAL LEVEL (Date Received: JUL 16 2007)

PLEASE COMPLETE AT INFORMAL LEVEL -INMATE APPEALS OFFICE-

Staff Response: ~~Your appeal is *partially granted*. In responding to your appeal I (C. Cook, CEN/Medical Appeals Analyst) reviewed your Health Record and found Physical Therapy was ordered for you on 5/10/07 but we are having~~ acute difficulties obtaining that service due to very limited resources for that specialty. Our health care administration is aware of the problem and is working to remedy it, your patience is appreciated and the service will be scheduled as the resources become available.

Staff Signature: C. Cook Date Returned to Inmate: JUL 20 2007

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

I am dissatisfied with the informal response, due in part to, I have been patient with regards to this institution medical services come on line, Nevertheless, my medical condition to date is not stabilizing. But, in fact, becoming worster each day Centinela medical staff fails to provide me adequate medical attention that would relief my pain and suffering.

Signature: Anthony Esposito Date Submitted: July 28, 2007

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

INMATE APPEALS CENTINELA (stamps)

AUG 06 2007 HC

First Level ☐ Granted ☑ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: AUG 01 2007 Due Date: SEP 13 2007

Interviewed by:

PLEASE SEE ATTACHED MEMORANDUM

C. COOK
AGPA/MEDICAL APPEALS
CENTINELA STATE PRISON

Staff Signature: C. Cook Title: Date Completed: SEP 11 2007

Division Head Approved: Signature: [signature] Title: Chief Physician Returned Date to Inmate: SEP 12 2007

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response. Appellant is dissatisfied with the Firs Level of Response. On 5/10/07, appellant appeal was partially granted based on the accute difficulties in obtaining the physical therapy services. Four (4) month had been passed and appellant continue suffering of the severe pain. the medical Department is acting callously, deliberately and wantonly by letting to appellant to suffer from an unnecessary pain. Therefore, the medical Department continued violated my right to human treatment under the Eigth Amendment, not only that, but medical department is interfered with the CDCR and outside doctor's recommendation for my physical therapy treatment therefore, Further appealed.

Signature: Anthony exposito Date Submitted: 9/27/07

Second Level ☑ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: OCT 02 2007 Due Date: OCT 31 2007

☐ See Attached Letter

C. COOK
AGPA/MEDICAL APPEALS
CENTINELA STATE PRISON

Signature: C. Cook Date Completed: OCT 29 2007

Warden/Superintendent Signature: HCM [signature] Date Returned to Inmate: 10/29/07 OCT 30 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response. Appellant is dissatisfied with the ~~First~~ second Level of response to his serious medical need. second Level of response is Failling into a "code of lie." Stating that the appellant have received Physical Therapy on 10/6/07, and on 10/24/07. On 10/6/07, appellant was informed by the Therapist that they didn't have the adequated and proper equipment to proceed with the Therapy as its was recommended by the CEN physicians 3x per week. On 10/24/07, appellant once again was informed that the Therapist will not be able to treat him because they didn't have the equipment. (See the back side of the ducat, the comment and signature of the physical Therapist as Exhibit "A."). Appellant continue suffer from the persisten pain, and no Therapy has been done on him to this date. Appellant has been charged a bill of $300.00 (see Exhibit B). The physical Therapy have been arranged by Cen doctors, not by appellant. Therefore that bill shall be sponge, deleted and dissmissal from appellant account, and proper and adequated treatment should be given to appellant. Thefore, Further appealed.

Signature: Anthony exposito Date Submitted: 10/5/07

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other
☒ See Attached Letter

Date: FEB 07 2008

CDC 602 (12/87)

Supplemental Attachement From: Sec. "4"

Contents:

The results of an MRI Examination which was undergo on appellant Cervical spine, The outside hospital doctor, and Neuro surgeon specialist Ordered that appellant be treated, with physical therapy. Nevertheless Centinela Medical Department and Medical Board, have placed appellant to suffer from the persistent and severe pain, by refusing and denying the proper and adequate treatment on Appellant Cervical spine. (See MRI Examination as Exhibit) / / /

Eight Amendment: By Virtue of their Conviction, inmates Forfeit many of their constitutional liberties and rights; they are isolate in prison, and subject to strengent restrictions that govern every aspect of their daily lives. Nonetheless, those who have transgressed the law are still Fello human being most whom will one day return to society even those prisoners at "bottom of the social heap.- have nonetheless, a human dignity." / / /

State of California — Department of Corrections and Rehabilitation

Centinela State Prison/Imperial

Memorandum

APPEAL RESPONSE LEVEL: FIRST

DATE: September 11, 2007

TO: ESPOSITO, ANTHONY

CDC #: D94335

APPEAL LOG #: CEN-D-07-00850

ISSUE APPEALED: Medical – Referral/Physical Therapy

INTERVIEW:

You were interviewed on 9/6/07 by Dr. Aymar, regarding your appeal issue.

PROBLEM DESCRIPTION / ACTION REQUESTED:

You are requesting physical therapy for relief of chronic cervical pain.

APPEAL RESPONSE:

Since the INFORMAL level response you were assessed again by Dr. Aymar on 9/6/07 who notes you received a follow-up consultation with our outside contracted neurologist, Dr. Calvin on 8/2/07 who now recommends C-spine facet blocks and instructed you to discontinue heavy workouts and to only walk for exercise. Dr. Aymar generated a request for a current MRI of your spine to assess changes; notes physical therapy is still pending and re-instructed you on limiting your exercise to walking only at this time.

Physical therapy services continue to be at a standstill with health care administration aware of the issue.

APPEAL DECISION:

Partially granted

C. COOK, AGPA
Health Care Appeals Coordinator
Centinela State Prison

D. KHATRI, M.D.
Chief Physician
Centinela State Prison

State of California Department of Corrections and Rehabilitation

Centinela State Prison/Imperial

Memorandum

APPEAL RESPONSE LEVEL: SECOND

DATE: October 29, 2007

TO: ESPOSITO, ANTHONY

CDC #: D-94335

APPEAL LOG #: CEN-D-07-00850

ISSUE APPEALED: Medical – Referral/Physical Therapy

INTERVIEW:

Completed on 9/6/07 at the FIRST formal level.

PROBLEM DESCRIPTION / ACTION REQUESTED:

You are requesting physical therapy for relief of chronic cervical pain.

APPEAL RESPONSE:

As relayed in the INFORMAL and FIRST level responses our institution was unable to obtain physical therapy services for a period but now have a contractor available to provide the service. Review of your Health Record reveals you have received Physical Therapy services on 10/6/07 and 10/24/07 for self exercise program instruction.

APPEAL DECISION:

Granted

C. COOK, AGPA
Health Care Appeals Coordinator
Centinela State Prison

10/29

L. CALDERON, AW-HCS
Health Care Manager (A)
Centinela State Prison

CDC 1617 (3/89)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME ESPOSITO, ANTHONY		CDC NUMBER D94335		INSTITUTION CENTINELA	
DATE OF BIRTH 5/03/64	EPRD DATE 1/29/09			GENDER	
PRINCIPLE DIAGNOSIS Left C56785, Parasthesia &		ICD - 9 CODE		CPT CODE(S)	
REQUESTED SERVICE(S) Neurosurgeon - Rectal Incontinence				# OF DAYS RECOMMENDED	

Please circle all that apply: Diagnostic Procedure / Consultation (circled) Outpatient (circled) /Inpatient Initial/Follow-up (circled)

Requested Treatment/Service is: EMERGENT ASAP URGENT (circled) ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify: __________

Proposed Provider: DR CALVIN JR Anticipated Length of Stay: __________

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): __________

Medical Necessity *(briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant)*: Pt had Cervical Epidural steroid injection 1/11/08 Now whole left hand is worse — but He also start having Rectal Incontinence

Estimated time for service delivery, recovery, rehabilitation and follow-up: No urinary Incontinence.

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): __________

Comments (diagrams, risk factors, prognosis, alternative management, etc.): __________

REQUESTING PHYSICIAN PRINTED NAME C. NAVAMANI MD	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE 1/22/08
REQUESTING PHYSICIAN SIGNATURE [signature]	DATE 1/18/08	Utilization management tracking #: 01108-29-08-3051
DATE OF CONSULTATION 2/14 @ 0900	PRINTED NAME OF CONSULTANT Dr. Calvin	

FINDINGS: __________

RECOMMENDATIONS: __________

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: __________

CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
ETA RN SIGNATURE	DATE	
PCP SIGNATURE	DATE	JAN 2008 UTILIZATION MANAGEMENT REGISTERED NURSE

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:
- ORIGINAL - FILE IN UHR
- GREEN - TO UHR PENDING ORIGINAL
- CANARY - CONSULTANT
- PINK - UM
- GOLD - SPECIALTY SCHEDULER

PHYSICIAN REQUEST FOR SERVICES (RFS) **CDC 7243 (Rev. 11/02)**

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME Esposito, Anthony	CDC NUMBER D94335	INSTITUTION Centinela
DATE OF BIRTH 5/3/64	EPRD DATE	GENDER
PRINCIPLE DIAGNOSIS Left C56787, Paresthesia &	ICD - 9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) Neurosurgeon Rectal Incontinence		# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: EMERGENT ASAP URGENT ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify: ______

Proposed Provider: DR Calvin JR. Anticipated Length of Stay: ______

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): ______

Medical Necessity (*briefly describe the clinical situation: the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): Pt had cervical spinal started w/ pain 1/11/08 now whole left hand is worse — He also start having Rectal Incontinence but

Estimated time for service delivery, recovery, rehabilitation and follow-up: No urinary Incontinence

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): ______

Comments (diagrams, risk factors, prognosis, alternative management, etc.): ______

REQUESTING PHYSICIAN PRINTED NAME C. Navamani MD	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE
REQUESTING PHYSICIAN SIGNATURE [signature]	DATE 1/18/08	Utilization management tracking #:

DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT

FINDINGS: ______

RECOMMENDATIONS: ______

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: ______

CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
ETA RN SIGNATURE	DATE	
PCP SIGNATURE	DATE	

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:
ORIGINAL - FILE IN UHR
GREEN - TO UHR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

Robinson, Jean

From: Cook, Candi

Sent: Wednesday, January 09, 2008 3:07 PM

To: Robinson, Jean

Subject: RE: Inmate Appeals (DLR)

Received Physical Therapy on 10/6/07 and 10/24/07 with Fared Zia. Inmate refused C-spine facet blocks on 10/13/07 and 10/24/07. He had an MRI on 10/16/07 and received a follow-up on 12/20/07 with Dr. Aymar, who referred him to a neurosurgeon for epidural injections, which is pending and will be scheduled chronologically.

Candi C Cook

-----Original Message-----
From: Robinson, Jean
Sent: Wednesday, January 09, 2008 1:44 PM
To: Cook, Candi
Subject: Inmate Appeals (DLR)

I am responding to inmate medical appeals at the DLR from CEN. I need the following information to complete my response.

Esposito, A. # D-94335 Log# 07-00850

Name of physical therapist, date and location of therapy sessions.

STATE OF CALIFORNIA

DEPT. OF CORRECTIONS CDC 129-a(07/88)

INMATE PRIORITY PASS

Centinela State Prison

Job Info: D VOC AUTO PAINT I

INMATE'S NAME: **ESPOSITO, ANTHONY**

CDC#: **D94335**

PASS FROM:

ISSUED BY: **Physical Therapy**

DATE: **10/5/2007**

APPROVED BY: [illegible signature]

PASS: **Specialty Services On Site**

REASON: **Specialty Services**

DATE: **10/6/2007** TIME: **10:00**

ARRIVAL TIME:

HOUSING: **FDGY00000000108**

RECORDED BY:

DEPART TO: TIME: RECORDED BY:

Unauthorized use is illegal. Shred to dispose.

Page 3 of 4

STATE OF CALIFORNIA

DEPT. OF CORRECTIONS CDC 129-a(07/88)

INMATE PRIORITY PASS

Centinela State Prison

Job Info: D VOC AUTO PAINT I

INMATE'S NAME: **ESPOSITO, ANTHONY**

CDC#: **D94335**

PASS FROM:

ISSUED BY: **Physical Therapy**

DATE: **10/12/2007**

APPROVED BY: [illegible signature]

PASS: **Specialty Services On Site**

REASON: **Specialty Services**

DATE: **10/13/2007** TIME: **9:30**

ARRIVAL TIME:

HOUSING: **FDGY00000000108**

RECORDED BY:

DEPART TO: TIME: RECORDED BY:

We still are unable to treat patient since we still don't have equipment for modality treatment

[illegible signature] PT 10/24/07

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: ESPOSITO, ANTHONY DOB: 05/03/1964

NUMBER: D94335

INSTITUTION: CEN

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED

Pioneer's Hospital 207 West Legion Rd. Brawley, Ca (760) 351-3333 SURGERY

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

C-SPINE PAIN

UM# 07/08-29-OP-0555

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED

EPIDURAL INJECTION

APPOINTMENT: **01/11/2008**
7:30 Hrs.

Referred by: Emdur, Joshua A , MD

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE

(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

SERVICES NOT AVAILABLE AT CENTINELA

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS

3-4 HOURS

ESTIMATED COST

REMARKS:

TRANSPORTATION: Custody Trans / State Veh.

SIGNATURE OF CHIEF MEDICAL OFFICER

N. Barreras, M.D., Chief Medical Officer [signature] ord 8/2

DATE: 12/21/2007 10:16:50 AM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE	COMMITTED FROM		DATE RECEIVED
TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION (CHECK ONE) [ ]MAXIMUM [ ]MEDIUM [ ] MINIMUM	
CONDUCT DURING INCARCERATION		ESCAPE RISK	

REMARKS

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION

DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT

DATE

CDC 7252 (Rev. 9/77)

DE.. .RTMENT OF CORRECTIONS

STATE OF CALIFOR.

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: :SPOSITO, ANTHONY DOB: 05/03/1964

NUMBER: D94335

INSTITUTION: CEN

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED

Pioneer's Hospital 207 West Legion Rd. Brawley, Ca (760) 351-3333 SURGERY

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

LOW BACK PAIN

UM# 0

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED

EPIDURAL INJECTION

APPOINTMENT: 12/28/2007 7:30 Hrs.

Referred by: Khatri, Sat Dave,MD

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE

(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

SERVICES NOT AVAILABLE AT CENTINELA

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS

3-4 HOURS

ESTIMATED COST

REMARKS:

TRANSPORTATION: Custody Trans / State Veh.

SIGNATURE OF CHIEF MEDICAL OFFICER: for [signature] M.D.

N. Barreras, M.D., Chief Medical Officer

DATE: 12/12/2007 10:07:51 AM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE	COMMITTED FROM		DATE RECEIVED
TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION (CHECK ONE) [ ]MAXIMUM [ ]MEDIUM [ ] MINIMUM	
CONDUCT DURING INCARCERATION		ESCAPE RISK	

REMARKS

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION

DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT

DATE

CDC 7252 (Rev. 9/77)

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: ESPOSITO, ANTHONY DOB: 05/03/1964
NUMBER: D94335
INSTITUTION: CEN

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED
Pioneer's Hospital 207 West Legion Rd. Brawley, Ca (760) 351-3333 SURGERY

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

UM# 0

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED
EPIDURAL INJECTION

APPOINTMENT: **12/14/2007**
7:30 Hrs.

Referred by: Khatri, Sat Dave,MD

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE
(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?
SERVICES NOT AVAILABLE AT CENTINELA

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS
3-4 HOURS

ESTIMATED COST

REMARKS:

TRANSPORTATION: Custody Trans / State Veh.

SIGNATURE OF CHIEF MEDICAL OFFICER
N. Barreras, M.D., Chief Medical Officer [signature]

DATE 12/5/2007 12:43:53 PM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE | COMMITTED FROM | DATE RECEIVED

TERM | RELEASE DATE | CUSTODIAL CLASSIFICATION (CHECK ONE) [ ]MAXIMUM [ ]MEDIUM [ ] MINIMUM

CONDUCT DURING INCARCERATION | ESCAPE RISK

REMARKS

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION | DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT | DATE

CDC 7252 (Rev. 9/77)

TRAVIS H. CALVIN, JR., M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF NEUROLOGICAL SURGERY
DIPLOMATE AMERICAN BOARD OF PAIN MANAGEMENT
1505 W. ROSS AVE.
EL CENTRO, CALIFORNIA 92243

ASSISTANT CLINICAL PROFESSOR
DEPARTMENT OF SURGERY / DIVISION OF NEUROSURGERY
UNIVERSITY OF CALIFORNIA, SAN DIEGO

TELEPHONE: (760) 353-1720
FAX: (760) 353-0460

October 25, 2007

Donald Thornton, M.D., Staff Physician
CENTINELA STATE PRISON
Health Services Department
2302 Brown Road
P. O. Box 731
Imperial, California 92251-0731

RE: CDC ESPOSITO
ANTHONY, D.
D 94335

Dear Dr. Thornton:

This 43-year old, right-handed male, Inmate, was re-evaluated. He was initially seen August 2, 2007 for lumbar pain, mostly chronic, with radiating left arm pain with weakness and neck pain.

The following are reviewed:

1) MRI Scan (09/27/07): At C4-5, a 2mm central disc protrusion causing mild flattening of the anterior aspect of the thecal sac, but not cord; at C5-6, a 3mm left paracentral disc protrusion which indents and deforms the cord at this level. There is evidence of spinal stenosis. Other levels appear to demonstrate minor changes. The C5-6 level is the largest protrusion.

INTERVAL HISTORY:

Continues with pain in the neck and pain in the left arm. Symptoms are not relieved by medications, including Acetaminophen and Neurontin. Clinically, no gait ataxias, but continues with left arm pain and weakness.

NEUROSURGICAL EXAMINATION (10/25/07):

VITAL SIGNS: HT: 5'7" WT: 188 POUNDS TEMP: 97.2 B/P: 130/80

Absent biceps, left brachioradialis and right triceps reflexes. Jamar: right, 98-112 pounds; left, 40-60-60 pounds. Major weakness left wrist extensors (4/5); grip estimated to be 50% of normal. Sensory: hypalgesia left lateral arm and hand (C5-C6-C7). Positive foraminal compression test, left at 60 degrees, from left shoulder to left lateral deltoid and moderate left forearm.

The low back examination is unremarkable.

IMPRESSION:

1) Chronic HNP, C4-5 and C5-6, left.

2) Left C5, C6, C7 radiculopathy.

3) Lumbosacral strain.

DISCUSSION AND RECOMMENDATIONS: Symptomatically, left foraminal blocks at C4-5 and C5-6 might benefit the patient. However, ultimately, I think the patient will require surgical intervention. Permission is requested to perform the blocks. This procedure was discussed with the patient and he is desirous of proceeding.

Received 12/17/07

Sincerely,

TRAVIS H. CALVIN JR., M.D.

THC:kc

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: ESPOSITO, ANTHONY DOB: 05/03/1964
NUMBER: D94335
INSTITUTION: CEN

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED
Calvin, Travis, M.D. 1505 W.Ross Ave, El Centro Ca, 92231 (760) 353-1720 NEUROSURGERY

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL
C-SPINE PAIN

2007 OCT 29 AM 9:39

RECEIVED
CSP - CENTINELA

UM# 07/08-29-OP-0555

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED
NEUROSURGERY EVALUATION BY DR. CALVIN

APPOINTMENT: 10/25/2007
9:00 Hrs.

Referred by: Khatri, Sat Dave,MD

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE
(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?
SERVICES NOT AVAILABLE AT CENTINELA

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS
3-4 HOURS

ESTIMATED COST

REMARKS:

TRANSPORTATION Custody Trans / State Veh.

SIGNATURE OF CHIEF MEDICAL OFFICER [signature]
N. Barreras, M.D., Chief Medical Officer

DATE 10/11/2007 1:59:14 PM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE	COMMITTED FROM	DATE RECEIVED
TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION (CHECK ONE) [ ]MAXIMUM [ ]MEDIUM [ ] MINIMUM
CONDUCT DURING INCARCERATION		ESCAPE RISK

REMARKS

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION — DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS

SIGNATURE OF WARDEN/SUPERINTENDENT — DATE

CDC 7252 (Rev 9/77)

PATIENT COPY

TRAVIS H. CALVIN, JR.,MD
MEDICAL GROUP
1505 W ROSS
EL CENTRO, CA 92243

BC: 1

AMOUNT PAID

PATIENT NAME	BILL DATE	ACCOUNT NO.	AMOUNT DUE
CDC,D94335(ESPOSITO)	09/30/07	118003	$300.00

CENTINELA STATE PRISON
RE: D94335(ESPOSITO) CDC
2302 BROWN RD,
IMPERIAL, CA 92251

MAKE CHECK PAYABLE TO:
TRAVIS H. CALVIN, JR.,MD
MEDICAL GROUP
1505 W ROSS
EL CENTRO, CA 92243

TACH AND RETURN UPPER PORTION WITH PAYMENT

ATTENDING PHYSICIAN	ACCOUNT NO.	PATIENT NAME
74-1515624 W10714 GR0040250 CALVIN,TRAVIS H JR M.D.	118003	CDC,D94335(ESPOSITO)

DATE	CODE	POS	DESCRIPTION	ICDA	CHARGES	PAYMENTS
			BALANCE FORWARD		300.00	

* IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL CALL AT (760)353-1720
* REFERRING DOCTOR : CENTINELA PRISON

TOTAL CHARGES FOR MONTH : $0.00

30 DAYS	60 DAYS	90 DAYS	120 DAYS	AMOUNT DUE
300.00	0.00	0.00	0.00	300.00

15

ANTHONY ESPOSITO
D-94335/D-GYM/108L
P.O. BOX 931
IMPERIAL, CA. 92251

TRAVIS H. CALVIN, Jr., M.D.
MEDICAL GROUP
1505 W. ROSS
EL CENTRO, CA. 92243

Dear Mr. Calvin

I am writing you this letter in regards to the Bill that has been sent to me. I have been charged the amount of Three Hundred dollars ($ 300.00), for the "so called" physical therapy.

I believe that your office has made a very big mistake in forwarding me this bill; in that, I'm an inmate incarcerated at Centinela State Prison. I'm under the jurisdiction and responsibility of the California Department of Correction and Rehabilitation ("CDCR")

IT MUST BE NOTED: I'm an indigent Inmate, as per 15 CCR Artie (4) sec. 3134; and Rules and Regulations of the Director of Corrections, Article 1 sec. 3000. Furthermore, the "so called" physical therapy, was ordered by CDCR Physicians, and arranged by the Medical Department of Centinela State Prison; not by me. Therefore, any bills and documentation must be sent to the Medical Desk here at Centinela, or Sacramento; but not to me.

I respectfully request that your Medical Records and Account Billing Office, remove and exsponge any bills in and from my name. And, send the bill to the Jurisdiction of Centinela State Prison Medical Personnel, or "CDCR."

Thank you for your time and prompt response to this matter. I will be waiting for any response to this letter and the dismissal of this bill and/or charges; under my name.

Sincerely A Esposito

ANTHONY ESPOSITO/D94335

MAR

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME Esposito, A.	CDC NUMBER D94335.	INSTITUTION CEN.
DATE OF BIRTH 3/26/64. / EPRD DATE 11/29/09.		GENDER M
PRINCIPLE DIAGNOSIS L-Spine DDD	ICD - 9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) MRI L-Spine		# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: EMERGENT URGENT ROUTINE (circled)

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): Pt c̄ LBP + (R) sciatic. X-Ray shows DDD + DJD. Dr. Calvin recommends MRI.

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME Aymar, DO	APPROVED / AUTHORIZED / DENIED / DEFERRED BY [signature]	DATE 09/21/07
REQUESTING PHYSICIAN SIGNATURE [signature], DO	DATE 9/6/07	Utilization management tracking #: 07/08-29-OP-1247
DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT	

FINDINGS:

RECOMMENDATIONS: MRI L-spine Completed 10-16-07

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

CONSULTANT SIGNATURE Mark Langley	DATE 10-16-07
ETA/RN SIGNATURE C. Betancourt	DATE 10/16/07
PCP SIGNATURE	DATE

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Esposita Anthony

D 94335

3-26-64

SEP 25 2007

9/6/07

ON SITE SPECIALTY CLINIC

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:
ORIGINAL - FILE IN UHR
GREEN - TO UHR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

PHYSICIAN REQUEST FOR SERVICES (RFS) **CDC 7243 (Rev. 11/02)**

THIRTY (30)-DAY SPECIALTY CONSULT PROGRESS NOTE

TYPE OF SPECIALTY SERVICE REQUESTED
PT

DATE OF REQUEST
5/10/07

PROBLEM SPECIALIST IS TO ADDRESS (Reason for consult):
C-Spine DDD + Stenosis.

DESCRIPTION OF PATIENT'S CURRENT CLINICAL STATUS:
Still c̄ pain + (L) UE numb/tingling

☐ DOCUMENT CHANGE IN CLINICAL STATUS SINCE INITIAL VISIT (Improved, Stable, Worse): (Worse circled)

☐ DOCUMENT CHANGE IN CLINICAL STATUS SINCE PREVIOUS VISIT (Improved, Stable, Worse): (Stable circled)

CHOOSE ONE OF THE FOLLOWING:

☒ Scheduled appointment is clinically appropriate.

☐ Change referral Priority to Urgent (High Priority)

☐ Should be seen by the specialist within ________ days.

☐ Condition resolved / Consultation request withdrawn.

INTERIM PLAN FOR PROBLEM LEADING TO REFERRAL:
C-Spine Facet Blocks.

IF THE SCHEDULED SPECIAL APPOINTMENT IS GREATER THAN 30 DAYS AWAY, AN ORDER FOR A FOLLOW-UP WITH THE PRIMARY CARE PHYSICIAN (PCP) NEEDS TO BE WRITTEN.

PCP SIGNATURE [signature], DO
S. AYMAR
DO
CENTINELA STATE PRISON

DATE
9/10/07

NAME OF INSTITUTION
CEN

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
Esposito, A.
D94335

SEP 10 2007
OFF SITE
SPECIALTY CLINIC

THIRTY (30)-DAY SPECIALTY CONSULT PROGRESS NOTE

CDC 7409 (03/04)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

MAR 6332

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME Esposito	CDC NUMBER D94335	INSTITUTION Cen
DATE OF BIRTH 3-3-64	EPRD DATE 1/19/09	GENDER Male
PRINCIPLE DIAGNOSIS C spine pain 2° spinal stenosis	ICD-9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) cervical blocks C5-6/C6-7		# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: EMERGENT URGENT ROUTINE in 1-2 mo

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): Dr Calvin wanted to do cervical blocks

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME K Vu	APPROVED/AUTHORIZED/DENIED/DEFERRED BY [signature]	DATE 8/9/07
REQUESTING PHYSICIAN SIGNATURE Khanh Vu	DATE 8/2/07	Utilization management tracking #: 07/08-29-OP-0555
DATE OF CONSULTATION 10/25 @ 9:00	PRINTED NAME OF CONSULTANT Dr. Calvin	

FINDINGS: (L) (R) C4-5/C5-6 HNPS (L) C5/C6, C7 - mild

RECOMMENDATIONS: (L) Cervical Blocks - C45/C56 - (2)

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: will schedule & for approval - Discussed c̄ patient; risks & benefits discussed - wants to proceed -

CONSULTANT SIGNATURE [signature]	DATE 10/25/07
ETA RN SIGNATURE R. Sulecki, RN	DATE 10/25/07
PCP SIGNATURE KVu	DATE 10/25/07

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Esposito
D94335

AUG 12 2007
OFF SITE SPECIALTY CLINIC

AUG 2007
UTILIZATION MANAGEMENT REGISTERED NURSE

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION: copy to Specialty Ewarden 10/25/07 @ 1300 rl

ORIGINAL - FILE IN UHR
GREEN - TO UHR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

PHYSICIAN REQUEST FOR SERVICES (RFS) CDC 7243 (Rev. 11/02)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

[redacted] HEALTH CARE SERVIC[redacted]
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME Esposito Anthony	CDC NUMBER D94335	INSTITUTION Cen
DATE OF BIRTH 3/26/64	EPRD DATE 1/19/09	GENDER Male
PRINCIPLE DIAGNOSIS C-spin. C5-6 3mm	ICD-9 CODE MRI:	CPT CODE(S)
REQUESTED SERVICE(S) US/Message Thru Week x 3 wks Physical	# OF DAYS RECOMMENDED THERAPHY	

Please circle all that apply: **Diagnostic Procedure/Consultation** **Outpatient/Inpatient** **Initial/Follow-up**

Requested Treatment/Service is: **EMERGENT** **URGENT** **ROUTINE** (circled)

For the purpose of retrospective review, if emergent or urgent, please justify: __________

Proposed Provider: __________ Anticipated Length of Stay: __________

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): __________

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): As per Santamina MD

Estimated time for service delivery, recovery, rehabilitation and follow-up: __________

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): __________

Comments (diagrams, risk factors, prognosis, alternative management, etc.): __________

REQUESTING PHYSICIAN PRINTED NAME Dinthel m.d.	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE 5/11/07
REQUESTING PHYSICIAN SIGNATURE Dh	DATE 5/9/07 (10/ overwritten)	Utilization management tracking #: 010107-29-OP-4685
DATE OF CONSULTATION 10-6-07	PRINTED NAME OF CONSULTANT	

FINDINGS: Pt reports a constant pain in neck | (B) U/E rated @ mpt. 10/10. Moderate loss of movement in C/S. (B) U/E strength = 4/5 (L) = 4/5 (B) shldr Abd limited due to pain in us. Pain reported ē palpation of (B) upper & middle traps. ↓'d tone in (B) U/E musculature.

RECOMMENDATIONS: PT 1x2x/wk for 3 wks. However, effect of PT may be limited.

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: __________

CONSULTANT SIGNATURE [signature]	DATE 10-6-07
ETA RN SIGNATURE [signature]	DATE 10/11/07
PCP SIGNATURE [signature]	DATE 10/31/07

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

D-94335
esposito Anthony
3-26-64

SEP 25 2007

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

J. CASTRO RN
CENTINELA STATE PRISON

DISTRIBUTION:
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GREEN - TO UHR PENDING ORIGINAL
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MAY 11 2007

ON SITE SPECIALTY CLINIC

OFF SITE SPECIALTY CLINIC

PHYSICIAN REQUEST FOR SERVICES (RFS) **CDC 7243 (Rev. 11/02)**

JOY MASON-JOHNSON, M.D., INC.

DIPLOMATE, AMERICAN BOARD OF RADIOLOGY
DIPLOMATE, AMERICAN BOARD OF NUCLEAR MEDICINE

CENTINELA STATE PRISON • RADIOLOGY DEPARTMENT
2302 BROWN ROAD
IMPERIAL, CA 92251-0731

RADIOLOGY REPORT

NAME:	ESPOSITO
ORDERING PHYSICIAN:	VU
EXAMINATION:	CERVICAL SPINE
DATE:	8/7/2007
CDC #:	D-94335

CERVICAL SPINE:

Examination of the cervical spine reveals slight dextroscoliosis of the upper dorsal spine. Very mild degenerative spurring is noted anteriorly at C4. A larger area of spurring is demonstrated at C5 with osteophytes extending superiorly and inferiorly. Developing osteophyte formation is also seen at C6. Very mild disc narrowing is noted at the C5-6 level. This does correlate with the patient's previous MRI. No additional abnormalities are observed.

IMPRESSION:

Mild degenerative changes involving the lower cervical spine. Slight disc disease changes are demonstrated at C5-6.

J. M. JOHNSON, M.D., INC.
RADIOLOGIST

Reviewed by
Khanh Vu, D.O.

AUG 2 ? 2007

JMJ:ldj
D:8/10/07; T:8/13/07

Dr.# 66315

JOY MASON-JOHNSON, M.D., INC.

DIPLOMATE, AMERICAN BOARD OF RADIOLOGY
DIPLOMATE, AMERICAN BOARD OF NUCLEAR MEDICINE

CENTINELA STATE PRISON * RADIOLOGY DEPARTMENT
2302 BROWN ROAD
IMPERIAL, CA 92251-0731

RADIOLOGY REPORT

NAME:	ESPOSITO
ORDERING PHYSICIAN:	THORNTON
EXAMINATION:	MRI OF THE CERVICAL SPINE
DATE:	12/26/2006
CDC #:	D94335

MRI OF THE CERVICAL SPINE:

TECHNIQUE: Examination of the cervical spine was performed on a 1.5 tesla superconducting magnet. The following scan sequences were performed: T1 and T2 weighted sagittal images and T2 weighted axial images.

FINDINGS: The cord, as visualized, appears unremarkable. No signal abnormalities are identified. The posterior fossa, as seen is unremarkable. Some disc desiccation is demonstrated in throughout the cervical vertebrae. The C7-T1 level does not show disc desiccation.

At the C2-3 level, a 1 mm central disc protrusion is noted, which does not significantly deform the cord. The neural foramina are patent.

At the C3-4 level, a 1 mm central disc protrusion is observed which does abut the cord, but does not cause deformity. There is spinal stenosis. The AP diameter is 10 mm. The neural foramina are patent, bilaterally, at this level.

At the C4-5 level, a 2 mm central disc protrusion is noted which causes mild flattening of the anterior aspect of the thecal sac but not the cord. No spinal stenosis is seen. The neural foramina are patent, bilaterally.

At the C5-6 level, a 3 mm left paracentral disc protrusion is noted which does indent and deform the cord at that level. There is evidence of spinal stenosis. The AP diameter of the spinal canal is only 10 mm. The neural foramina at this level are patent, bilaterally.

At the C6-7 level, a 1 mm left paracentral disc protrusion is noted which does not produce cord deformity. There is however, spinal stenosis at this level and mild narrowing of the right neural foramen and moderate narrowing of the left neural foramen.

TRAVIS H. CALVIN, JR., M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF NEUROLOGICAL SURGERY
DIPLOMATE AMERICAN BOARD OF PAIN MANAGEMENT
1505 W. ROSS AVE.
EL CENTRO, CALIFORNIA 92243

ASSISTANT CLINICAL PROFESSOR
DEPARTMENT OF SURGERY / DIVISION OF NEUROSURGERY
UNIVERSITY OF CALIFORNIA, SAN DIEGO

TELEPHONE: (760) 353-1720
FAX: (760) 353-0460

August 2, 2007

Donald Thornton, M.D., Staff Physician
CENTINELA STATE PRISON
Health Services Department
2302 Brown Road
P. O. Box 731
Imperial, California 92251-0731

RE: **CDC ESPOSITO**
ANTHONY, D.
94335
D94335

Dear Dr. Thornton:

As you know, this 43-year old, right-handed male, Inmate, was initially seen May 10, 2007 for evaluation of lumbar pain and chronic cervical pain with radiating left arm pain. His complaints were chronic recurring neck on the left side, beginning in October, 2006 associated with a prior motor vehicle accident (June, 2004) and recent onset due to excessive weight lifting ("working out") in the gym. Patient has also had recurring pain in the right buttocks and numbness extending to the right toes. Primary symptoms this date was pain extending from the neck to the left rhomboid area, left shoulder, lateral left arm and into the left hand, which constantly felt asleep. He felt he was losing strength in the arm.

The physical examination (05/10/07) noted 4+/5 weakness, left arm, with bilateral weakness of the abductors/adductors of the fingers. This is consistent with left C6-C7 radiculopathy, moderate to mild; also noting major absent reflexes (brachioradialis, hypoactive; triceps and left biceps, absent). Neck motions are weakly positive to the left. The low back noted only positive straight leg raising tests at 80 degrees, right; normal gait; negative Babinski's and absent

Dr. Donald Thornton
RE: CDC ESPOSITO
August 2, 2007
Page 2

reflexes. The MRI scan (12/26/06) was reviewed, noting multi-level small disc protrusions with a 3mm protrusion at C5-6 which did indent the cord at this level; spinal stenosis at C6-7; mild flattening of the thecal sac at C4-5 (J.M. Johnson, M.D., Radiologist). The x-rays were not available for my review on May 10, 2007. They are now available (see below).

PRESENT SYMPTOMS:

Continued left cervical (rhomboid) pain in the left arm, with numbness and tingling of the left hand. No right arm symptoms. Unable to elevate left arm above shoulder level because of pain in the left neck. Persistent weakness, left hand. No gait imbalances. Patient has received no physical therapy (not available). Continues on the above medications, but he feels they are not effective.

Low back continues symptomatic. Pain in the right buttocks with feelings of shooting pain from the lumbosacral region to the right buttock area. Persistent numbness and tingling of the right three toes (3, 4 and 5). Does have pain symptoms in the posterior thigh.

PAST HISTORY:

Long-standing history of asthma; presently under control. MEDICATIONS: Lavastein (Abuterol); Baclofen (for pain); Methecarbomal, 750 mg., b.i.d.; Naprosyn, 500 mg. **ALLERGY TO PENICILLIN. Codeine causes him to break out.** The motor vehicle accident of 2004 did result in neck and low back injuries.

NEUROSURGICAL EXAMINATION (08/02/07):

VITAL SIGNS: HT: 5'7" WT: 186 POUNDS TEMP: 98.2 B/P: 120/90

GENERAL APPEARANCE:

Hypersthenic, adult male, sits comfortably, appears in no immediate distress.

CRANIUM, CEREBRUM, CRANIAL NERVES AND CEREBELLUM:

Intact, including Romberg and tandem walking.

CERVICAL SPINE AND UPPER EXTREMITIES:

GENERAL: No atrophies, fasciculation or vasomotor changes. Shoulder abduction limited to 120 degrees, left; with acute pain, left rhomboid to the left shoulder; right, 170 degrees, no complaints.

MOTOR: Right arm: normal; left arm: deltoids, wrist extensors, triceps and finger abductors are 4+/5; definitely weak. Jamar: right, 94/110/98 pounds; left, 84/65/80 pounds.

SENSORY: Hypalgesia, left C5-6, C6-7.

REFLEXES: Biceps, brachioradialis and triceps: absent. No Hoffman's.

NECK: Flexion/extension: normal, but do cause acute pain in the left rhomboid. Right rotation: 80 degrees; left rotation: 70 degrees; both causing pain, left rhomboid. Positive foraminal compression test to the left lateral shoulder area; negative to the right. Tenderness is present, left side of the neck. There is moderate spasm.

THORACOLUMBAR, GLUTEAL REGION AND LOWER EXTREMITIES:

GENERAL: No atrophies, fasciculation or vasomotor changes.

REFLEXES: Achilles reflexes continue absent.

MOTOR: Normal.

SENSORY: Slight hypalgesia, right L5-S1.

BACK: Stands erect, level pelvis. Forward bends to 45 degrees (fingers reach 14" from floor); complains of right buttock pain. Sitting knee extension test and straight leg raising tests are positive on the right at 90 degrees; negative left.

GAIT: Normal; able to walk on toes.

REVIEW OF MRI SCAN:

I would concur with the Radiologist that the patient has significant spinal stenosis, most of which appears on the base as congenital canal narrowing. However, the patient clearly has a deformity of the spinal cord, secondary to small bulging disc at C5-6; but also at C6-7 and mild at C4-5. No subluxations, et al.

IMPRESSION:

1) Left C5-C6 radiculopathy; mild to moderate, due to #2. (723.4)

2) Congenital stenosis, cervical spine, C4-C7; with #3. (723.0)

3) Chronic HNP, small, C5-6. (722.00)

4) Right sciatica, possible small HNP. (724.3)

DISCUSSION AND RECOMMENDATIONS:

1) Patient states he is to undergo a lumbar spine x-ray, then to be followed by an MRI scan of the lumbar spine. I would concur and recommend this be performed.

2) Patient does have congenital stenosis of the cervical spinal canal with bulging disc as described by the Radiologist. Clinically and neurologically, he does present with left arm weakness, pain, numbness, consistent with C5, C6 and C7; questionably C8. He does not appear to myelopathic changes. I would recommend conservative treatment as much as possible and initially recommend left-sided foraminal blocks, particularly C6-7 and C5-6. I do not feel comfortable with an epidural block in the face of major stenosis of the cervical spinal canal and do not recommend it. (Canal has virtually no subarachnoid space around the spinal block.) A lateral block would have virtually no risk; and since he is symptomatic only on the left side, this may be sufficient to ameliorate his symptoms.

3) I recommend no weight lifting or vigorous exercise program. This generally would tend to aggravate the cervical spinal condition.

4) A walking exercise program probably would benefit the patient and provide reasonable physical conditioning.

5) Lumbar spine treatments would depend upon findings of the current studies. I would recommend these be completed and would like to re-evaluate him after they are completed.

Sincerely,

TRAVIS H. CALVIN JR., M.D.

THC:kc

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORAR' .EMOVAL FOR MEDICAL TREATMENT

NAME: ESPOSITO, ANTHONY DOB: 03/26/1964

NUMBER: D94335

INSTITUTION: CEN

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED

Calvin, Travis, M.D. 1505 Ross Ave, El Centro Ca, 353-1720

NEUROSURGERY

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

C- SPINE SPINAL STENOSIS

UM# 0

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED

NEUROSURGERY F/U

APPOINTMENT: **08/02/2007**

9:00 Hrs.

Referred by: Barreras,Nasaria, MD

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE

(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

SERVICES NOT AVAILABLE AT CENTINELA

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS

3-4 HOURS

ESTIMATED COST

REMARKS:

TRANSPORTATION: Custody Trans / State Veh.

GNATURE OF CHIEF MEDICAL OFFICER

N. Barreras, M.D., Chief Medical Officer for Dan Lehmir

DATE 7/25/2007 11:01:22 AM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

ENSE	COMMITTED FROM		DATE RECEIVED
A	RELEASE DATE	CUSTODIAL CLASSIFICATION (CHECK ONE) [ ]MAXIMUM [ ]MEDIUM [ ] MINIMUM	
UCT DURING INCARCERATION		ESCAPE RISK	

RKS

RE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION

DATE

E PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-OM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE ABOVE NAMED RECOMMENDATIONS.

NDITIONS:

WARDEN/SUPERINTENDENT

DATE

9/77)

STATE OF CALIFOR

DEPARTMENT OF CORRECTIONS

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: ESPOSITO, ANTHONY DOB: 03/26/1964

NUMBER: D94335

INSTITUTION: CEN

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED

Calvin, Travis, M.D. 1505 Ross Ave, El Centro Ca, 353-1720 NEUROSURGERY

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

SPINAL STENOSIS

UM# 0

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED

NEUROLOGY F/U

APPOINTMENT: **07/12/2007**
9:30 Hrs.

Referred by: Khatri, Sat Dave,MD

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE

(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

SERVICES NOT AVAILABLE AT CENTINELA

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS

3-4 HOURS

ESTIMATED COST

REMARKS:

TRANSPORTATION: Custody Trans / State Veh

SIGNATURE OF CHIEF MEDICAL OFFICER

N. Barreras, M.D., Chief Medical Officer

DATE: 7/5/2007 8:54:20 AM

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE	COMMITTED FROM	DATE RECEIVED
TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION (CHECK ONE) [ ]MAXIMUM [ ] MEDIUM [ ] MINIMUM
CONDUCT DURING INCARCERATION		ESCAPE RISK

REMARKS

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION

DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT

DATE

CDC 7252 (Rev. 9/77)

THIRTY (30)-DAY SPECIALTY CONSULT PROGRESS NOTE

TYPE OF SPECIALTY SERVICE REQUESTED
Physical Therapy

DATE OF REQUEST
5/10/07.

PROBLEM SPECIALIST IS TO ADDRESS (Reason for consult):
C-Spine MRI Changes.

DESCRIPTION OF PATIENT'S CURRENT CLINICAL STATUS:
↑ pain + radicular Symptoms.

☐ DOCUMENT CHANGE IN CLINICAL STATUS SINCE INITIAL VISIT (Improved, Stable, Worse): (Worse circled)

☐ DOCUMENT CHANGE IN CLINICAL STATUS SINCE PREVIOUS VISIT (Improved, Stable, Worse): (Worse circled)

CHOOSE ONE OF THE FOLLOWING:

☐ Scheduled appointment is clinically appropriate.

☐ Change referral Priority to Urgent (High Priority)

☒ Should be seen by the specialist within 30 days.

☐ Condition resolved / Consultation request withdrawn.

INTERIM PLAN FOR PROBLEM LEADING TO REFERRAL:

IF THE SCHEDULED SPECIAL APPOINTMENT IS GREATER THAN 30 DAYS AWAY, AN ORDER FOR A FOLLOW-UP WITH THE PRIMARY CARE PHYSICIAN (PCP) NEEDS TO BE WRITTEN.

PCP SIGNATURE [signature] S. AYMAR DO CENTINELA STATE PRISON

DATE 6/20/07.

NAME OF INSTITUTION
CEN

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
Esposito, Anthony.
D94335.

THIRTY (30)-DAY SPECIALTY CONSULT PROGRESS NOTE

CDC 7409 (03/04)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

THIRTY (30)-DAY SPECIALTY CONSULT PROGRESS NOTE

TYPE OF SPECIALTY SERVICE REQUESTED: physical therapy.

DATE OF REQUEST: 5/10/07

PROBLEM SPECIALIST IS TO ADDRESS (Reason for consult): cervical neck MRI changes.

DESCRIPTION OF PATIENT'S CURRENT CLINICAL STATUS: pain + tenderness in the neck

☑ DOCUMENT CHANGE IN CLINICAL STATUS SINCE INITIAL VISIT (Improved, Stable, (Worse)).

☑ DOCUMENT CHANGE IN CLINICAL STATUS SINCE PREVIOUS VISIT (Improved, Stable, (Worse)).

CHOOSE ONE OF THE FOLLOWING:

- ☐ Scheduled appointment is clinically appropriate.
- ☐ Change referral Priority to Urgent (High Priority)
- ☑ Should be seen by the specialist within 30 days.
- ☐ Condition resolved / Consultation request withdrawn.

INTERIM PLAN FOR PROBLEM LEADING TO REFERRAL: cervical spine changes

IF THE SCHEDULED SPECIAL APPOINTMENT IS GREATER THAN 30 DAYS AWAY, AN ORDER FOR A FOLLOW-UP WITH THE PRIMARY CARE PHYSICIAN (PCP) NEEDS TO BE WRITTEN.

PCP SIGNATURE: [signature]

DATE: 5/27/07

NAME OF INSTITUTION: Centinela

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

THIRTY (30)-DAY SPECIALTY CONSULT PROGRESS NOTE

CDC 7409 (03/04)
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

DEPARTMENT OF CORRECTIONS STATE OF CALIF(

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: ESPOSITO, ANTHONY DOB: 03/26/1964

NUMBER: D94335

INSTITUTION: CEN

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED
Calvin, Travis, M.D. 1505 Ross Ave, El Centro Ca, 353-1720 NEUROSURGERY

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL
SPINAL STENOSIS CERVICAL SPINE

UM# 06/07-29-OP-30

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED
NEUROSURGERY CONSULTATION

APPOINTMENT: 05/10/2007
9:30 Hrs.

Referred by: Barreras,Nasaria, MD

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE
(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?
SERVICES NOT AVAILABLE AT CENTINELA

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS
3-4 HOURS

ESTIMATED COST

REMARKS:

TRANSPORTATION: Custody Trans / State Ve

SIGNATURE OF CHIEF MEDICAL OFFICER
N. Barreras, M.D., Chief Medical Officer — For Dan Helm...

DATE
5/4/2007 9:37:36 AI

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE	COMMITTED FROM		DATE RECEIVED
TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION (CHECK ONE) [ ]MAXIMUM [ ]MEDIUM [ ] MINIMUM	
CONDUCT DURING INCARCERATION		ESCAPE RISK	

REMARKS

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION

DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT

DATE

CDC 7252 (Rev. 9/77)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME: ESPOSITO, ANTHONY DOB: 03/26/1964
NUMBER: D94335
INSTITUTION: CEN

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED
Calvin, Travis, M.D. 1505 Ross Ave, El Centro Ca, 353-1720 NEUROSURGERY

REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL
SPINAL STENOSIS; CERVICAL SPINE

UM# 06/07-29-OP-303

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED
CONSULTATION

APPOINTMENT: **03/29/2007** **9:30 Hrs.**

Referred by: Barreras,Nasaria, MD

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE
(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?
SERVICES NOT AVAILABLE AT CENTINELA

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS
3-4 HOURS

ESTIMATED COST

TRANSPORTATION: Custody Trans / State Ve

REMARKS:

SIGNATURE OF CHIEF MEDICAL OFFICER: Dan Khatri, MD [signature]
Dan Khatri, M.D., Chief Medical Officer (A)
DATE: 3/15/2007 3:28:40 P

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE	COMMITTED FROM	DATE RECEIVED
TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION (CHECK ONE) [ ] MAXIMUM [ ] MEDIUM [ ] MINIMUM
CONDUCT DURING INCARCERATION		ESCAPE RISK

REMARKS

SIGNATURE OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION — DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATIONIS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT — DATE

CDC 7252 (Rev. 9/77)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

5879 D2-237L

(To be completed by requesting Physician and forwarded to Utilization Management Unit) 5656

PATIENT NAME Esposito, Anthony	CDC NUMBER D94335	INSTITUTION Centinela
DATE OF BIRTH 2-26-64	EPRD DATE 01-19-09	GENDER
PRINCIPLE DIAGNOSIS Spinal Stenosis cervical spine	ICD - 9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) Neurosurgery		# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: EMERGENT URGENT ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): Abnormal MRI C-spine

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME [illegible]	APPROVED / AUTHORIZED / DENIED / DEFERRED BY [illegible signature]	DATE 2/8/07
REQUESTING PHYSICIAN SIGNATURE	DATE 2-8-07	Utilization management tracking #: 06/07-29-OP-3036

DATE OF CONSULTATION ~~3/29 @ 0930~~ 5/10 @ 9:30	PRINTED NAME OF CONSULTANT DR-Calvin

FINDINGS: (1) Hand/arm weakness consistent with (L) C6/C7 Radiculopathy - mild [illegible]
(2) HNP C5-6 - 3mm per MRI Scan
(3) [illegible]
(MRI Scan Not Available For Review)

RECOMMENDATIONS: (1) P.T. for Neck - [illegible], US, ~~[illegible]~~ 2X/wk X 3wk
(2) Add Aleve for Pain MX - TID
(3) Consider Cervical Blocks if Not Better.

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: 1 mo / also Bring MRI Scan Itself
Thanks -

CONSULTANT SIGNATURE [signature]	DATE May 10, 2007
~~ETA-RN~~ SIGNATURE Kwiatkow[illegible]	DATE
PCP SIGNATURE [signature]	DATE 5/11/07

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

FEB 9 2007
OFF SITE SPECIALTY CLINIC

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

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PHYSICIAN REQUEST FOR SERVICES (RFS) CDC 7243 (Rev. 11/02)

JOY MASON-JOHNSON, M.D., INC.

DIPLOMATE, AMERICAN BOARD OF RADIOLOGY
DIPLOMATE, AMERICAN BOARD OF NUCLEAR MEDICINE

CENTINELA STATE PRISON • RADIOLOGY DEPARTMENT
2302 BROWN ROAD
IMPERIAL, CA 92251-0731

RADIOLOGY REPORT

NAME:	ESPOSITO
ORDERING PHYSICIAN:	THORNTON
EXAMINATION:	MRI OF THE CERVICAL SPINE
DATE:	12/26/2006
CDC #:	D94335

MRI OF THE CERVICAL SPINE:

TECHNIQUE: Examination of the cervical spine was performed on a 1.5 tesla superconducting magnet. The following scan sequences were performed: T1 and T2 weighted sagittal images and T2 weighted axial images.

FINDINGS: The cord, as visualized, appears unremarkable. No signal abnormalities are identified. The posterior fossa, as seen is unremarkable. Some disc desiccation is demonstrated in throughout the cervical vertebrae. The C7-T1 level does not show disc desiccation.

At the C2-3 level, a 1 mm central disc protrusion is noted, which does not significantly deform the cord. The neural foramina are patent.

At the C3-4 level, a 1 mm central disc protrusion is observed which does abut the cord, but does not cause deformity. There is spinal stenosis. The AP diameter is 10 mm. The neural foramina are patent, bilaterally, at this level.

At the C4-5 level, a 2 mm central disc protrusion is noted which causes mild flattening of the anterior aspect of the thecal sac but not the cord. No spinal stenosis is seen. The neural foramina are patent, bilaterally.

At the C5-6 level, a 3 mm left paracentral disc protrusion is noted which does indent and deform the cord at that level. There is evidence of spinal stenosis. The AP diameter of the spinal canal is only 10 mm. The neural foramina at this level are patent, bilaterally.

At the C6-7 level, a 1 mm left paracentral disc protrusion is noted which does not produce cord deformity. There is however, spinal stenosis at this level and mild narrowing of the right neural foramen and moderate narrowing of the left neural foramen.

JOY MASON-JOHNSON, M.D., INC.

DIPLOMATE, AMERICAN BOARD OF RADIOLOGY
DIPLOMATE, AMERICAN BOARD OF NUCLEAR MEDICINE

CENTINELA STATE PRISON * RADIOLOGY DEPARTMENT
2302 BROWN ROAD
IMPERIAL, CA 92251-0731

RADIOLOGY REPORT

NAME: ESPOSITO
ORDERING PHYSICIAN: THORNTON
EXAMINATION: MRI OF THE CERVICAL SPINE
DATE: 12/26/2006
CDC #: D94335

MRI OF THE CERVICAL SPINE:

TECHNIQUE: Examination of the cervical spine was performed on a 1.5 tesla superconducting magnet. The following scan sequences were performed: T1 and T2 weighted sagittal images and T2 weighted axial images.

FINDINGS: The cord, as visualized, appears unremarkable. No signal abnormalities are identified. The posterior fossa, as seen is unremarkable. Some disc desiccation is demonstrated in throughout the cervical vertebrae. The C7-T1 level does not show disc desiccation.

At the C2-3 level, a 1 mm central disc protrusion is noted, which does not significantly deform the cord. The neural foramina are patent.

At the C3-4 level, a 1 mm central disc protrusion is observed which does abut the cord, but does not cause deformity. There is spinal stenosis. The AP diameter is 10 mm. The neural foramina are patent, bilaterally, at this level.

At the C4-5 level, a 2 mm central disc protrusion is noted which causes mild flattening of the anterior aspect of the thecal sac but not the cord. No spinal stenosis is seen. The neural foramina are patent, bilaterally.

At the C5-6 level, a 3 mm left paracentral disc protrusion is noted which does indent and deform the cord at that level. There is evidence of spinal stenosis. The AP diameter of the spinal canal is only 10 mm. The neural foramina at this level are patent, bilaterally.

At the C6-7 level, a 1 mm left paracentral disc protrusion is noted which does not produce cord deformity. There is however, spinal stenosis at this level and mild narrowing of the right neural foramen and moderate narrowing of the left neural foramen.

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DIPLOMATE, AMERICAN BOARD OF NUCLEAR MEDICINE

CENTINELA STATE PRISON * RADIOLOGY DEPARTMENT
2302 BROWN ROAD
IMPERIAL, CA 92251-0731

NAME: ESPOSITO
ORDERING PHYSICIAN: THORNTON
EXAMINATION: MRI OF THE CERVICAL SPINE
DATE: 12/26/2006
CDC #: D94335

MRI OF THE CERVICAL SPINE (Cont.):

At the C7-T1 level, no significant disc bulging is noted. No spinal stenosis is seen. The neural foramina are patent.

IMPRESSION:

Spinal stenosis noted throughout the bulk of the cervical spine region. The largest protrusion is noted at the C5-6 level, where a 3 mm left paracentral disc protrusion is seen. Also, at the C4-5 level, a 2 mm central disc protrusion is observed. Neural foraminal stenosis, to a mild to moderate degree, was noted at the C6-7 level.

J. M. JOHNSON, M.D., INC.
RADIOLOGIST

JMJ:ldj
D:1/5/07; T:1/8/07

02-15-07
FC

2/5/07 form 7733 per RFS

MAR

.LIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME Esposito A.	CDC NUMBER D94335	INSTITUTION Dyd
DATE OF BIRTH 03/03/64	EPRD DATE 1/29/09	GENDER
PRINCIPLE DIAGNOSIS DDD C-Spine	ICD-9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) C Spine MRI		# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic/Procedure/Consultation Outpatient/Inpatient Initial/Follow-up

Requested Treatment/Service is: EMERGENT URGENT ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: MRI Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): Multi Disk DDD Chronic Pain

Estimated time for service delivery, recovery, rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME STAFF PHYSICIAN	APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE 12/13/06
REQUESTING PHYSICIAN SIGNATURE	DATE 12/5/06	Utilization management tracking #: 06/02-29-DP-2424
DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT	

FINDINGS:

RECOMMENDATIONS: MRI C-Spine Completed 12/26/06

Referred to Neurosurgery 02-05-07

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

CONSULTANT SIGNATURE	DATE 12/26/06
ETA RN SIGNATURE	DATE 12/26/06
PCP SIGNATURE	DATE

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

CDC# D94335

ESPOSITO, ANTHONY

03-26-64

Attach Progress Note page for additional information.

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PHYSICIAN REQUEST FOR SERVICES (RFS) CDC 7243 (Rev. 11/02)

JOY MASON-JOHNSON, M.D., INC.

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DIPLOMATE, AMERICAN BOARD OF NUCLEAR MEDICINE

CENTINELA STATE PRISON * RADIOLOGY DEPARTMENT
2302 BROWN ROAD
IMPERIAL, CA 92251-0731

RADIOLOGY REPORT

NAME:	ESPOSITO
ORDERING PHYSICIAN:	THORNTON
EXAMINATION:	CHEST
DATE:	11/2/2006
CDC #:	D-94335

CHEST:

Examination of the chest reveals mild pulmonary hyperinflation. The lungs are free of infiltrates. Calcific granulomatous deposits are seen in both hilar regions. Mild degenerative changes of the dorsal spine are observed. The cardiovascular structures are unremarkable.

J. M. JOHNSON, M.D., INC.
RADIOLOGIST

JMJ:ldj
D:11/08/06; T:11/09/06

JOY MASON-JOHNSON, M.D., INC.

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DIPLOMATE, AMERICAN BOARD OF NUCLEAR MEDICINE

CENTINELA STATE PRISON * RADIOLOGY DEPARTMENT
2302 BROWN ROAD
IMPERIAL, CA 92251-0731

NAME: ESPOSITO
ORDERING PHYSICIAN: THORNTON
EXAMINATION: MRI OF THE CERVICAL SPINE
DATE: 12/26/2006
CDC #: D94335

MRI OF THE CERVICAL SPINE (Cont.):

At the C7-T1 level, no significant disc bulging is noted. No spinal stenosis is seen. The neural foramina are patent.

IMPRESSION:

Spinal stenosis noted throughout the bulk of the cervical spine region. The largest protrusion is noted at the C5-6 level, where a 3 mm left paracentral disc protrusion is seen. Also, at the C4-5 level, a 2 mm central disc protrusion is observed. Neural foraminal stenosis, to a mild to moderate degree, was noted at the C6-7 level.

J. M. JOHNSON, M.D., INC.
RADIOLOGIST

JMJ:ldj
D:1/5/07; T:1/8/07

2/5/07 for 7733) per RFS

JS44

(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.)

2234 1983

FILING FEE PAID Yes No ✓

IFP MOTION FILED Yes No ✓

COPIES SENT TO Court ✓ ProSe

FILED APR 23 2008 CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY DEPUTY

I (a) PLAINTIFFS

Anthony Esposito

DEFENDANTS

Khatri, et al

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF **Imperial**
(EXCEPT IN U.S. PLAINTIFF CASES)

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Anthony Esposito
PO Box 931
Imperial, CA 92251
D-94335

ATTORNEYS (IF KNOWN)

'08 CV 0742 H WMc

II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT (For Diversity Cases Only)

	PT	DEF		PT	DEF
Citizen of This State	☐1	☐1	Incorporated or Principal Place of Business in This State	☐4	☐4
Citizen of Another State	☐2	☐2	Incorporated and Principal Place of Business in Another State	☐5	☐5
Citizen or Subject of a Foreign Country	☐3	☐3	Foreign Nation	☐6	☐6

IV. CAUSE OF ACTION (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY).

42 U.S.C. 1983

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT
- ☐ 110 Insurance
- ☐ Marine
- ☐ Miller Act
- ☐ Negotiable Instrument
- ☐ 150 Recovery of Overpayment &Enforcement of Judgment
- ☐ 151 Medicare Act
- ☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans)
- ☐ 153Recovery of Overpayment of Veterans Benefits
- ☐ 160 Stockholders Suits
- ☐ Other Contract
- ☐ 195 Contract Product Liability

TORTS

PERSONAL INJURY
- ☐ 310 Airplane
- ☐ 315 Airplane Product Liability
- ☐ 320 Assault, Libel & Slander
- ☐ 330 Federal Employers' Liability
- ☐ 340 Marine
- ☐ 345 Marine Product Liability
- ☐ 350 Motor Vehicle
- ☐ 355 Motor Vehicle Product Liability
- ☐ 360 Other Personal Injury

PERSONAL INJURY
- ☐ 362 Personal Injury- Medical Malpractice
- ☐ 365 Personal Injury - Product Liability
- ☐ 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY
- ☐ 370 Other Fraud
- ☐ 371 Truth in Lending
- ☐ 380 Other Personal Property Damage
- ☐ 385 Property Damage Product Liability

FORFEITURE/PENALTY
- ☐ 610 Agriculture
- ☐ 620 Other Food & Drug
- ☐ 625 Drug Related Seizure of Property 21 USC881
- ☐ 630 Liquor Laws
- ☐ 640 RR & Truck
- ☐ 650 Airline Regs
- ☐ 660 Occupational Safety/Health
- ☐ 690 Other

LABOR
- ☐ 710Fair Labor Standards Act
- ☐ 720 Labor/Mgmt. Relations
- ☐ 730 Labor/Mgmt. Reporting & Disclosure Act
- ☐ 740 Railway Labor Act
- ☐ 790 Other Labor Litigation
- ☐ 791 Empl. Ret. Inc. Security Act

BANKRUPTCY
- ☐ 422 Appeal 28 USC 158
- ☐ 423 Withdrawal 28 USC 157

PROPERTY RIGHTS
- ☐ 820 Copyrights
- ☐ 830 Patent
- ☐ 840 Trademark

SOCIAL SECURITY
- ☐ 861 HIA (13958)
- ☐ 862 Black Lung (923)
- ☐ 863 DIWC/DIWW (405(g))
- ☐ 864 SSID Title XVI
- ☐ 865 RSI (405(g))

FEDERAL TAX SUITS
- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
- ☐ 871 IRS - Third Party 26 USC 7609

OTHER STATUTES
- ☐ 400 State Reappointment
- ☐ 410 Antitrust
- ☐ 430 Banks and Banking
- ☐ 450 Commerce/ICC Rates/etc.
- ☐ 460 Deportation
- ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 810 Selective Service
- ☐ 850 Securities/Commodities Exchange
- ☐ 875 Customer Challenge 12 USC
- ☐ 891 Agricultural Acts
- ☐ 892 Economic Stabilization Act
- ☐ 893 Environmental Matters
- ☐ 894 Energy Allocation Act
- ☐ 895 Freedom of Information Act
- ☐ 900 Appeal of Fee Determination Under Equal Access to Justice
- ☐ 950 Constitutionality of State
- ☐ 890 Other Statutory Actions

REAL PROPERTY
- ☐ 210 Land Condemnation
- ☐ 220 Foreclosure
- ☐ 230 Rent Lease & Eiectmant
- ☐ 240 Tort to Land
- ☐ 245 Tort Product Liability
- ☐ 290 All Other Real Property

CIVIL RIGHTS
- ☐ 441 Voting
- ☐ 442 Employment
- ☐ 443 Housing/Accommodations
- ☐ 444 Welfare
- ☐ 440 Other Civil Rights

PRISONER PETITIONS
- ☐ 510 Motions to Vacate Sentence Habeas Corpus
- ☐ 530 General
- ☐ 535 Death Penalty
- ☐ 540 Mandamus & Other
- ☒ 550 Civil Rights

VI. ORIGIN (PLACE AN X IN ONE BOX ONLY)

☒ 1 Original Proceeding ☐ 2 Removal from State Court ☐ 3 Remanded from Appelate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION UNDER f.r.c.p. 23 DEMAND $ Check YES only if demanded in complaint: JURY DEMAND: ☐ YES ☐ NO

VIII. RELATED CASE(S) IF ANY (See Instructions): JUDGE Docket Number

DATE 4/23/2008 ~~SIGNATURE OF ATTORNEY OF RECORD~~

R. Mullis

CR